

Thank you for your interest in the **Project EAT-II Survey for Young Adults**. This 5-year follow-up survey was completed by participants who were 18-23 years at EAT-II. If you use items from this survey in your work, the following citations are recommended:

Neumark-Sztainer D, Wall M, Guo J, Story M, Haines J, Eisenberg M. Obesity, disordered eating, and eating disorders in a longitudinal study of adolescents: How do dieters fare five years later? *Journal of the American Dietetic Association*. 2006;106:559-568.

Neumark-Sztainer D, Wall M, Haines J, Story M, Sherwood NE, van den Berg P. Shared risk and protective factors for overweight and disordered eating in adolescents. *American Journal of Preventive Medicine*. 2007;33:359-369.

Larson NI, Neumark-Sztainer D, Story M, Burgess-Champoux T. Whole-grain intake correlates among adolescents and young adults: Findings from Project EAT. *Journal of the American Dietetic Association*. 2010;110:230-237.

The psychometric properties of measures can be found in published manuscripts posted at the Project EAT website; however, only limited support is available for assistance with the survey.

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You can also visit the Project EAT website at <http://www.sph.umn.edu/eat> for additional information about Project EAT. The psychometric properties of measures can be found in published manuscripts posted at the website; however, only limited support is available for assistance with the survey.

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This survey explores issues related to eating patterns and weight concerns among young people. It follows up on a survey that you and thousands of other teenagers completed nearly five years ago. The information you provided is helping us to develop health and nutrition programs for youth. Your help with this project is greatly appreciated.

Please answer every question carefully. Your name will NOT be on the survey, so no one will know who you are. Please be as honest as you can in your responses.

MARKING DIRECTIONS:

- Mark your answers with a pencil
- Make dark marks that fill the circle
- Erase cleanly any answer you want to change
- Make NO stray marks anywhere on the booklet

Examples:

Correct Mark



Incorrect Marks



THANK YOU *for completing*

the Project EAT survey.

Return your completed surveys to us in the enclosed postage-paid envelope TODAY and you will receive \$20 within 2 weeks!

Let's *START* with some *GENERAL* QUESTIONS about YOU

1. What is today's date? ____ / ____ / ____
mo day yr

2. Are you 30-35
1 male
2 female 36

3. What is the name of the school you went to during the 1998-1999 school year?

4. What is your age?

- 1 16
- 2 17
- 3 18
- 4 19
- 5 20
- 6 21
- 7 22
- 8 23 or older

5. Do you think of yourself as . . . (You may choose more than one.)

- 1 White 37
- 2 Black or African American 38-43
- 3 Hispanic or Latino
- 4 Asian American
- 5 Hawaiian or Pacific Islander
- 6 American Indian or Native American

6. During the past year, where did you live for the majority of the time?

- 1 rent or share rent
- 2 parent's home
- 3 residence hall
- 4 fraternity/sorority
- 5 own a house
- 6 other (please specify) _____

7. During the past month, where did you live for the majority of the time?

- 1 rent or share rent 44
- 2 parent's home 45
- 3 residence hall
- 4 fraternity/sorority
- 5 own a house
- 6 other (please specify) _____

8. During the past year, with whom did you live the majority of the time? (Mark all that apply.)

- 1 I live alone
- 2 my parent(s)
- 3 roommates, friends
- 4 my husband/wife
- 5 my partner of the opposite sex
- 6 my partner of the same sex
- 7 my child(ren)
- 8 my brothers/sisters
- 9 other _____

9. During the past month, with whom did you live for the majority of the time? (Mark all that apply.)

- 1 I live alone 46-54
- 2 my parent(s) 55-63
- 3 roommates, friends
- 4 my husband/wife
- 5 my partner of the opposite sex
- 6 my partner of the same sex
- 7 my child(ren)
- 8 my brothers/sisters
- 9 other _____

10. How many hours a week do you work for pay?

- 1 0 hours
- 2 1-9 hours
- 3 10-19 hours
- 4 20-29 hours
- 5 30-39 hours
- 6 40 hours
- 7 more than 40 hours

11. Which of the following best describes your student status over the past 12 months?

- 1 not a student 64
- 2 part-time student at a community or technical college 65
- 3 full-time student at a community or technical college
- 4 part-time student at a four-year college
- 5 full-time student at a four-year college

12. Are you on a college dining plan (e.g., residence hall, fraternity/sorority)?

66

- 1 no
- 2 yes, for some meals
- 3 yes, for most meals
- 4 yes, for all meals

13. What is the highest level of education that you have completed?

- 1 middle school or junior high
- 2 some high school
- 3 high school graduate or GED
- 4 some college
- 5 technical school degree
- 6 college graduate

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Your **EATING HABITS...**

When, why, how, and what?

14. During the past week, how many days did you eat *breakfast*?
- 1 never
 2 1-2 days
 3 3-4 days
 4 5-6 days
 5 every day
15. During the past week, how many days did you eat *lunch*?
- 1 never 68
 2 1-2 days 69
 3 3-4 days
 4 5-6 days
 5 every day
16. During the past week, how many days did you eat *dinner*?
- 1 never
 2 1-2 days
 3 3-4 days
 4 5-6 days
 5 every day
17. In the past week, where did you eat dinner most often? (Mark only one.)
- 1 my own home/apartment 70
 2 my parents' home 71
 3 dining or residence hall (e.g., dorm, fraternity house)
 4 fast food restaurant
 5 another type of restaurant
 6 car or other transportation
 7 other _____
18. In the past week, how often did you eat something from a fast food restaurant (like McDonald's, Burger King, Hardee's, etc.)?
- 1 never
 2 1-2 times
 3 3-4 times
 4 5-6 times
 5 7 times
 6 more than 7 times
19. How many times did you snack (eat in-between meals) yesterday?
- 1 none 72
 2 1 time 73
 3 2-3 times
 4 4-5 times
 5 more than 5 times
20. How adequate is/are your . . .
- | | <i>Very inadequate</i> | <i>Inadequate</i> | <i>Adequate</i> | <i>Very adequate</i> | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|----|
| a. cooking skills? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 74 |
| b. money to buy food? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | |
| c. appliances for food preparation (e.g., stove, oven, fridge)? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | |
| d. the selection of foods in stores near you? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | |
| e. time available to prepare food? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 78 |

21. During the past 12 months, about how often have you . . .

	<i>Never</i>	<i>1-2 times past year</i>	<i>4-5 times past year</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily</i>	
a. bought fresh vegetables at the grocery store?	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	79
b. written a grocery list before shopping?	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
c. prepared a green salad?	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
d. prepared a dinner with chicken or fish or vegetables?	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
e. prepared an entire dinner for 2 or more people?	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	83

22. How often during the last 12 months have you been hungry because you couldn't afford more food?

- 1 ○ almost every month 84
- 2 ○ some months but not every month
- 3 ○ only one or two months
- 4 ○ I have not been hungry for this reason

23. Do you receive public assistance (such as welfare or food stamps)?

- 1 ○ yes 85
- 2 ○ no
- 3 ○ I don't know

24. How much do you care about . . .

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very much</i>	
a. eating healthy food?	1 ○	2 ○	3 ○	4 ○	86
b. controlling your weight?	1 ○	2 ○	3 ○	4 ○	
c. staying fit and exercising?	1 ○	2 ○	3 ○	4 ○	
d. being healthy?	1 ○	2 ○	3 ○	4 ○	
e. how you look?	1 ○	2 ○	3 ○	4 ○	90

25. How strongly do you agree with the following statements?

The types of food I eat affect:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. my health	1 ○	2 ○	3 ○	4 ○	91
b. how I look	1 ○	2 ○	3 ○	4 ○	
c. my weight	1 ○	2 ○	3 ○	4 ○	93

26. How strongly do you agree with the following statements?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. I like the taste of potato chips and other salty snack foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	94
b. Milk tastes good to me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. Most unhealthy foods taste better than healthy foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. I think a lot about being thinner	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
e. I am too busy to eat healthy foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
f. I like the taste of most fruits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
g. I am worried about gaining weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
h. I am too rushed in the morning to eat a healthy breakfast	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
i. I don't have time to think about eating healthy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
j. I like the taste of dark bread (e.g., whole wheat)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
k. I like the taste of fast foods (e.g., McDonald's)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	104

27. How strongly do you agree with the following statements?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. People my age don't need to be concerned about their eating habits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	105
b. At this point in my life, I am not very concerned about my health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. People my age don't need to worry about their health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. Eating healthy meals just takes too much time	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
e. Most vegetables taste bad	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
f. I sometimes skip meals since I am concerned about my weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
g. Most healthy foods just don't taste that great	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
h. I weigh myself often	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
i. Foods from fast food restaurants are generally unhealthy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	113

28. How often are the following true?

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>	
a. Fruits and vegetables are available where I live	1 ○	2 ○	3 ○	4 ○	114
b. Vegetables are served at dinner where I live	1 ○	2 ○	3 ○	4 ○	
c. We have 'junk food' where I live	1 ○	2 ○	3 ○	4 ○	
d. Fruit juice is available where I live	1 ○	2 ○	3 ○	4 ○	
e. Milk is served at meals where I live	1 ○	2 ○	3 ○	4 ○	
f. Potato chips or other salty snack foods are available where I live	1 ○	2 ○	3 ○	4 ○	
g. Chocolate or other candy is available where I live	1 ○	2 ○	3 ○	4 ○	
h. Soda pop is available where I live	1 ○	2 ○	3 ○	4 ○	
i. Dark bread (e.g., whole wheat) is available where I live	1 ○	2 ○	3 ○	4 ○	122

29. If you wanted to, how sure are you that you could eat healthy foods when you are . . .

	<i>Not at all sure</i>					<i>Very sure</i>		
a. stressed out	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		123
b. feeling down	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		
c. bored	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		125

30. How confident are you that you could change or maintain your eating patterns so that you could . . .

	<i>Not at all confident</i>					<i>Very confident</i>		
a. eat at least two servings per day of fruit	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		126
b. eat at least three servings per day of vegetables	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		
c. eat at least three servings per day of dairy foods (e.g., milk, cheese, yogurt)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		
d. eat at least three servings per day of whole grains (e.g., dark bread, cereals like Cheerios)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		
e. limit soda pop to one can per day or less	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		
f. limit eating at fast food restaurants to once per week or less	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○		131

31. How often have you gone on a diet during the last year? By “diet” we mean changing the way you eat so you can lose weight.

- 1 never
- 2 1-4 times
- 3 5-10 times
- 4 more than 10 times
- 5 I am always dieting

132

32. Are you currently trying to:

- 1 lose weight
- 2 stay the same weight
- 3 gain weight
- 4 I am not trying to do anything about my weight

33. Have you ever intentionally lost 10 pounds or more and kept it off for at least 6 months?

- 1 yes
- 2 no

133

134

34. Have you done any of the following things in order to lose weight or keep from gaining weight during the past year?

	<i>Yes</i>	<i>No</i>	
a. exercised	1 <input type="radio"/>	2 <input type="radio"/>	135
b. fasted	1 <input type="radio"/>	2 <input type="radio"/>	
c. ate very little food	1 <input type="radio"/>	2 <input type="radio"/>	
d. took diet pills	1 <input type="radio"/>	2 <input type="radio"/>	
e. made myself vomit (throw up)	1 <input type="radio"/>	2 <input type="radio"/>	
f. used laxatives	1 <input type="radio"/>	2 <input type="radio"/>	
g. used diuretics (water pills)	1 <input type="radio"/>	2 <input type="radio"/>	
h. used food substitute (powder/special drink)	1 <input type="radio"/>	2 <input type="radio"/>	
i. skipped meals	1 <input type="radio"/>	2 <input type="radio"/>	
j. ate more fruits and vegetables	1 <input type="radio"/>	2 <input type="radio"/>	
k. ate less high-fat foods	1 <input type="radio"/>	2 <input type="radio"/>	
l. ate less sweets	1 <input type="radio"/>	2 <input type="radio"/>	
m. smoked more cigarettes	1 <input type="radio"/>	2 <input type="radio"/>	
n. followed a high protein/low carbohydrate diet (e.g., Atkins or other)	1 <input type="radio"/>	2 <input type="radio"/>	
o. limited food from fast food restaurants	1 <input type="radio"/>	2 <input type="radio"/>	149

35. In the past year, have you had any of the following eating disorders? (Mark all that apply.)

- 1 anorexia nervosa
- 2 bulimia nervosa
- 3 binge eating disorder
- 4 none of the above

36. Has a doctor ever told you that you have an eating disorder such as anorexia nervosa, bulimia nervosa, or binge eating disorder?

- 1 yes
- 2 no

150-153

154

37. In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating)?

155

1 yes

2 no

If no, then go to question #41



38. During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?

156

1 yes

2 no

39. How often, on average, did you have times when you ate this way - that is, large amounts of food plus the feeling that your eating was out of control?

157

1 nearly every day

2 a few times a week

3 a few times a month

4 less than once a month

40. In general, how upset were you by overeating (eating more than you think is best for you)?

158

1 not at all

2 a little

3 some

4 a lot

41. How important is it to you that your food is:

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very important</i>	
a. organic	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	159
b. not processed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. locally grown	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. not genetically modified	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	162

42. Have you ever been a vegetarian?

- 1 no 163
- 2 yes, but less than one month
- 3 yes, for longer than one month

43. Are you a vegetarian now?

- 1 yes
- 2 no **If no, then go to question #47** 

44. About how long have you been a vegetarian?

- 1 less than one month 165
- 2 less than 1 year (but more than 1 month)
- 3 1-2 years
- 4 3-4 years
- 5 5 years or more

45. As a vegetarian, do you eat any of the following?

	<i>Yes</i>	<i>No</i>	
a. eggs	1 <input type="radio"/>	2 <input type="radio"/>	166
b. dairy food (such as milk, cheese)	1 <input type="radio"/>	2 <input type="radio"/>	
c. chicken	1 <input type="radio"/>	2 <input type="radio"/>	
d. fish	1 <input type="radio"/>	2 <input type="radio"/>	169

46. What are your main reason(s) for eating a vegetarian diet? (Mark all that apply.)

- 1 to lose weight or keep from gaining weight 170
- 2 want a healthier diet
- 3 to help the environment
- 4 religious reasons
- 5 do not want to kill animals
- 6 a family member is a vegetarian
- 7 I don't like the taste of meat
- 8 other (please specify) _____ 177

***FAMILY & FRIENDS may affect your eating habits,
so we'd like to know more about them.***

Some questions in this section ask about your mother or your father. If you do not have a mother or father, it is okay to skip those questions.

47. My mother . . .

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	
a. cares about eating healthy food	1 ○	2 ○	3 ○	4 ○	178
b. cares about staying fit and exercising	1 ○	2 ○	3 ○	4 ○	
c. diets to lose weight or keep from gaining weight	1 ○	2 ○	3 ○	4 ○	
d. encourages me to eat healthy foods	1 ○	2 ○	3 ○	4 ○	
e. encourages me to be physically active	1 ○	2 ○	3 ○	4 ○	
f. encourages me to diet to control my weight	1 ○	2 ○	3 ○	4 ○	183

48. My father . . .

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	
a. cares about eating healthy food	1 ○	2 ○	3 ○	4 ○	184
b. cares about staying fit and exercising	1 ○	2 ○	3 ○	4 ○	
c. diets to lose weight or keep from gaining weight	1 ○	2 ○	3 ○	4 ○	
d. encourages me to eat healthy foods	1 ○	2 ○	3 ○	4 ○	
e. encourages me to be physically active	1 ○	2 ○	3 ○	4 ○	
f. encourages me to diet to control my weight	1 ○	2 ○	3 ○	4 ○	189

49. How much do you feel you can talk to your mother about your problems?

- 1 ○ not at all
- 2 ○ a little
- 3 ○ somewhat
- 4 ○ quite a bit
- 5 ○ very much

50. How much do you feel you can talk to your father about your problems?

- 1 ○ not at all
- 2 ○ a little
- 3 ○ somewhat
- 4 ○ quite a bit
- 5 ○ very much

190

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51. How much do you feel your mother cares about you?

- 1 ○ not at all
- 2 ○ a little
- 3 ○ somewhat
- 4 ○ quite a bit
- 5 ○ very much

52. How much do you feel your father cares about you?

- 1 ○ not at all
- 2 ○ a little
- 3 ○ somewhat
- 4 ○ quite a bit
- 5 ○ very much

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53. Many of my friends . . .

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	<i>I don't know</i>	
a. care about eating healthy food	1 ○	2 ○	3 ○	4 ○	5 ○	194
b. care about staying fit and exercising	1 ○	2 ○	3 ○	4 ○	5 ○	
c. diet to lose weight or keep from gaining weight	1 ○	2 ○	3 ○	4 ○	5 ○	196

54. My significant other (e.g., boyfriend/girlfriend, spouse, partner) . . .

	<i>Not applicable</i>	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	
a. cares about eating healthy food	1 ○	2 ○	3 ○	4 ○	5 ○	197
b. cares about staying fit and exercising	1 ○	2 ○	3 ○	4 ○	5 ○	
c. diets to lose weight or keep from gaining weight	1 ○	2 ○	3 ○	4 ○	5 ○	199

55. Do you have one or more close friends who you can talk to about your problems?

- 1 ○ yes, always 200
- 2 ○ yes, sometimes
- 3 ○ no

56. How strongly do you agree with the following statements?

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. It is hard to find time to sit down and eat a meal	1 ○	2 ○	3 ○	4 ○	201
b. I tend to "eat on the run"	1 ○	2 ○	3 ○	4 ○	
c. Regular meals are important to me	1 ○	2 ○	3 ○	4 ○	
d. I eat meals at about the same time every day	1 ○	2 ○	3 ○	4 ○	204

57. How strongly do you agree with the following statements?

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. I enjoy sitting down with family or friends and eating a meal together	1 ○	2 ○	3 ○	4 ○	205
b. It is important to sit down and eat at least one meal a day with other people (family or friends)	1 ○	2 ○	3 ○	4 ○	
c. I usually eat dinner with other people	1 ○	2 ○	3 ○	4 ○	207

We'd like to know more about your HEALTH & WEIGHT

58. How would you describe your health? 208
 1 poor
 2 fair
 3 good
 4 excellent
59. How tall are you? _____ feet _____ inches 209
60. How much do you weigh? _____ pounds 212
61. At what weight do you think you would look best? _____ pounds 215
62. How satisfied are you with your:
- | | <i>Very dissatisfied</i> | | | | <i>Very satisfied</i> | |
|---------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----|
| a. height | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 218 |
| b. weight | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| c. body shape | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| d. waist | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| e. hips | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| f. thighs | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| g. stomach | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| h. face | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| i. body build | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | |
| j. shoulders | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 227 |
63. During the past six months, how important has your weight or shape been in how you feel about yourself? 228
 1 Weight and shape were not very important
 2 Weight and shape played a part in how I felt about myself
 3 Weight and shape were among the main things that affected how I felt about myself
 4 Weight and shape were the most important things that affected how I felt about myself
64. At this time, do you feel that you are: 229
 1 very underweight
 2 somewhat underweight
 3 about the right weight
 4 somewhat overweight
 5 very overweight
65. Do you have a physical or health condition that makes it hard for you to do some things other people your age do? (like concentrating in school or at work, doing sports, or eating like other people) 230
 1 yes
 2 no

What kinds of **SPORTS** do you participate in?

What else do you do in your **FREE TIME**?

In a usual week, how many hours do you spend doing the following activities:

66. Strenuous exercise (heart beats rapidly)

Examples: Biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, lacrosse, tennis, cross-country skiing, soccer, basketball, football

- 1 none
- 2 less than $\frac{1}{2}$ hour a week
- 3 $\frac{1}{2}$ - 2 hours a week
- 4 $2\frac{1}{2}$ - 4 hours a week
- 5 $4\frac{1}{2}$ - 6 hours a week
- 6 6+ hours a week

231

67. Moderate exercise (not exhausting)

Examples: Walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- 1 none
- 2 less than $\frac{1}{2}$ hour a week
- 3 $\frac{1}{2}$ - 2 hours a week
- 4 $2\frac{1}{2}$ - 4 hours a week
- 5 $4\frac{1}{2}$ - 6 hours a week
- 6 6+ hours a week

232

68. Mild exercise (little effort)

Examples: Walking slowly (to school, to friend's house, etc.), bowling, golf, fishing, snowmobiling, yoga

- 1 none
- 2 less than $\frac{1}{2}$ hour a week
- 3 $\frac{1}{2}$ - 2 hours a week
- 4 $2\frac{1}{2}$ - 4 hours a week
- 5 $4\frac{1}{2}$ - 6 hours a week
- 6 6+ hours a week

233

69. Are you in a sport or activity where it's important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?

- 1 yes
- 2 no

234

70. In your free time on an average weekday (Monday-Friday), how many hours do you spend . . .

	<i>0 hr</i>	<i>1/2 hr</i>	<i>1 hr</i>	<i>2 hr</i>	<i>3 hr</i>	<i>4 hr</i>	<i>5+ hr</i>	
a. watching TV & videos	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	235
b. reading & doing homework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
c. using a computer (not for homework)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	237

71. On an average weekend day (Saturday or Sunday), how many hours do you spend . . .

	<i>0 hr</i>	<i>1/2 hr</i>	<i>1 hr</i>	<i>2 hr</i>	<i>3 hr</i>	<i>4 hr</i>	<i>5+ hr</i>	
a. watching TV & videos	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	238
b. reading & doing homework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
c. using a computer (not for homework)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	240

72. How often do you read magazine articles in which dieting or weight loss are discussed?

- 1 never
- 2 hardly ever
- 3 sometimes
- 4 often

73. Do you have a television in the room where you sleep?

- 1 yes 241
- 2 no 242

74. How often do you watch television while eating meals?

- 1 always
- 2 usually
- 3 sometimes
- 4 rarely
- 5 never

75. How often do you snack while watching TV?

- 1 always 243
- 2 usually 244
- 3 sometimes
- 4 rarely
- 5 never

76. How much do you agree or disagree with the following?

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. I compare my body to the bodies of TV and movie stars	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	245
b. I compare my body to the bodies of people who appear in magazines	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. I would like my body to look like the people who are on TV	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. I would like my body to look like the models who appear in magazines	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	248

SOMETIMES, other THINGS GOING ON IN YOUR LIFE can affect the way you eat.

Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible.

77. Have you experienced any of the following in the past 12 months? (Mark all that apply.)

- | | | |
|---|---|-----|
| 1 <input type="radio"/> being diagnosed as having a serious physical illness | 7 <input type="radio"/> being diagnosed as having a mental illness | 249 |
| 2 <input type="radio"/> serious physical illness of someone very close to you | 8 <input type="radio"/> death of someone very close to you | |
| 3 <input type="radio"/> termination of a long personal relationship | 9 <input type="radio"/> your parents filing for divorce or separation | |
| 4 <input type="radio"/> a serious automobile accident | 10 <input type="radio"/> excessive credit card debt | |
| 5 <input type="radio"/> being arrested | 11 <input type="radio"/> being fired or laid off from a job | |
| 6 <input type="radio"/> failing a class | 12 <input type="radio"/> none of these have happened to me | 263 |

78. During the past 12 months, how often have you been bothered or troubled by...

- | | Not at all | Somewhat | Very much | |
|--|-----------------------|-----------------------|-----------------------|-----|
| a. feeling too tired to do things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 264 |
| b. having trouble going to sleep or staying asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| c. feeling unhappy, sad, or depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| d. feeling hopeless about the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| e. feeling nervous or tense | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| f. worrying too much about things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| g. changes in your appetite | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 270 |

79. Have you ever thought about killing yourself?

- | | |
|---|-----|
| 1 <input type="radio"/> yes, during the past year | 271 |
| 2 <input type="radio"/> yes, more than a year ago | |
| 3 <input type="radio"/> no | |

80. Have you ever tried to kill yourself?

- | | |
|---|-----|
| 1 <input type="radio"/> yes, during the past year | 272 |
| 2 <input type="radio"/> yes, more than a year ago | |
| 3 <input type="radio"/> no | |

81. How often do any of the following things happen?

	<i>Never</i>	<i>Less than once a year</i>	<i>A few times a year</i>	<i>A few times a month</i>	<i>At least once a week</i>	
a. You are treated with less respect than other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	273
b. People act as if they're better than you are	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. You are called names or insulted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
d. You are teased about your appearance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
e. You are teased about your weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
f. You have teased others about their appearance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
g. You have teased others about their weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	279

82. How often have you used the following during the past year (12 months)?

	<i>Never</i>	<i>A few times</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily</i>	
a. cigarettes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	280
b. beer, wine, hard liquors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. marijuana	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
d. drugs other than marijuana (acid, cocaine, crack, ecstasy, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	283

83. How often have you used steroids in order to gain muscle during the past year (12 months)?

- 1 never 284
- 2 a few times
- 3 monthly
- 4 weekly
- 5 daily

84. Indicate how strongly you agree with the following statements.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. On the whole, I am satisfied with myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	285
b. I feel that I have a number of good qualities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. At times I think I am no good at all	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. I am able to do things as well as most other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
e. I wish I could have more respect for myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
f. I certainly feel useless at times	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	290

- 85. Which of the following best describes your sexual orientation?**
- 1 attracted to opposite gender 291
 - 2 attracted to same gender
 - 3 attracted to both genders
 - 4 questioning
- 86. Describe your most recent sexual partner (select one).**
- 1 not applicable—I am not sexually active 292
 - 2 a stranger
 - 3 a casual acquaintance
 - 4 a close but not exclusive partner
 - 5 an exclusive dating partner
 - 6 fiancé, spouse, or spousal equivalent
 - 7 other (please specify) _____
- 87. During the past 12 months, how many sexual partners have you had?**
- | | | <i>None</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4 or more</i> | |
|---|-----------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----|
| 1 | female partners | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 293 |
| 2 | male partners | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 294 |
- 88. The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy and/or sexually transmitted infections? (Mark all that apply.)**
- 1 I have never had sexual intercourse 295
 - 2 no method was used to prevent pregnancy or sexually transmitted infections
 - 3 birth control pills
 - 4 condoms
 - 5 Depo-Provera (injectable birth control)
 - 6 withdrawal
 - 7 other method _____
 - 8 not sure 302
- 89. Have you ever been hit, shoved, held down or had some other physical force used against you by someone you were dating? (Mark all that apply.)**
- 1 no 303
 - 2 yes, in the past year 305
 - 3 yes, more than a year ago
- 90. In a dating relationship, have you ever been forced to touch your date sexually or have they forced some type of sexual behavior on you? (Mark all that apply.)**
- 1 no 306
 - 2 yes, in the past year 308
 - 3 yes, more than a year ago

Almost Finished . . .

**We'd like to end with some
more questions about YOU**

91. Mark the two grades you get most often.

(Mark two.)

- 1 I am not in school
- 2 A
- 3 B
- 4 C
- 5 D
- 6 F or incomplete

92. In what religion were you raised? (Mark all that apply.)

- 1 none 309-310
- 2 Buddhism 311-318
- 3 Catholicism
- 4 Islam
- 5 Judaism
- 6 Protestantism (e.g., Lutheran, Methodist, Baptist, etc.)
- 7 Shamanism
- 8 other _____

93. How important is your religion to you?

- 1 very important
- 2 somewhat important
- 3 a little important
- 4 not at all important

94. How often do you attend religious services?

- 1 never 319
- 2 rarely 320
- 3 once or twice a month
- 4 about once a week or more

95. What is your relationship status? (Mark one.)

- 1 single or casually dating
- 2 committed dating relationship or engaged
- 3 married
- 4 same sex domestic partner
- 5 separated or divorced
- 6 widowed

96. How many children do you have (including step-children or adopted children)?

- 1 none 321
- 2 one 322
- 3 two
- 4 three or more

97. If you are female, are you currently pregnant or breastfeeding?

- 1 no 323
- 2 yes, pregnant
- 3 yes, breastfeeding

THANK YOU for completing the **Project EAT** survey!
Return your completed surveys to us in the enclosed postage-paid envelope **TODAY** and you will receive **\$20** within **2 weeks!**